

# Medicare Part D Benefit Summary

## Important information about your Medicare Part D prescription drug coverage

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact **Medco Medicare Prescription Plan®** (PDP).

If you have questions about this Plan, simply call **1-866-544-9703**. TTY/TDD users should call **1-800-716-3231**. Customer Service is available 24 hours a day, 7 days a week and is available in English and other languages.

**Medco Medicare Prescription Plan** (PDP) is a Medicare prescription drug plan and is in addition to your coverage under Medicare Part A and/or Part B. Your enrollment in **Medco Medicare Prescription Plan** (PDP) doesn't affect your coverage under Medicare Part A and/or Part B. It is your responsibility to inform **Medco Medicare Prescription Plan** (PDP) of any prescription drug coverage that you have or may get in the future. You can be in only one Medicare prescription drug plan at a time. If you are currently in a Medicare prescription drug plan, your enrollment in **Medco Medicare Prescription Plan** (PDP) will end that enrollment. Enrollment in a Medicare prescription drug plan is generally for the entire year.

By joining this Medicare prescription drug plan, you acknowledge that **Medco Medicare Prescription Plan** (PDP) will release your information to Medicare and other plans as is necessary for treatment, payment, and healthcare operations. You also acknowledge that **Medco Medicare Prescription Plan** (PDP) will release your information, including your prescription drug event data, to Medicare, who may release it for research and other purposes that follow all applicable Federal statutes and regulations.

Medicare (the Centers for Medicare & Medicaid Services) must approve our Plan each year. Coverage in this Plan is for one year at a time. You can continue to get Medicare coverage as a member of our Plan for the year in question and as long as the Centers for Medicare & Medicaid Services renews its approval of our Plan.

This Plan serves a specific plan area. The service area for this Plan is the 50 states, the District of Columbia, and Puerto Rico. This is subject to change: If there is a change in the service area, you will be notified in advance. If you move out of the service area, you will be disenrolled and you are required to notify the Plan of your change in address. If your address changes and you remain within the service area, you must notify SEHBP so that your information can be kept current.

Beneficiaries must use network pharmacies to access their prescription drug benefit. However, there are emergency circumstances under which you may be reimbursed for a covered prescription that is not filled at a network pharmacy. Quantity limitations and restrictions may apply.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is \$0.

Once you are a member of **Medco Medicare Prescription Plan** (PDP), you have the right to file a grievance or appeal plan decisions about payment or services. Read the *Evidence of Coverage* from **Medco Medicare Prescription Plan** (PDP) when you receive it to know which rules you must follow to receive coverage with this Medicare prescription drug plan.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week; the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m. ET, Monday through Friday. TTY users should call 1-800-325-0778; or your State Medicaid Office. Counseling services may be available in your state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug plan options, medical assistance through the state Medicaid program, and the Medicare Savings Program.

Benefits, formulary, pharmacy network, premium, and/or co-payments/coinsurance may change on January 1, 2013.

A Medicare-approved Part D sponsor

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## Medco Medicare Prescription Plan® (PDP)

**Effective January 1, 2012, you'll be enrolled  
in *Medco Medicare Prescription Plan*® (PDP)  
for the School Employees' Health Benefits Program (SEHBP).**

### SEHBP NJ Direct

#### MEMBER OUT-OF-POCKET MAXIMUM

In addition to the plan's Medicare Part D coverage stages, this Plan has an annual out-of-pocket maximum for member prescription drug costs. Once your out-of-pocket prescription drug costs (costs paid by yourself only) reach \$1,318, you will pay \$0 for your covered prescription drugs for the remainder of the plan year.

Stages of Medicare coverage:	You pay:		
	RETAIL 31-DAY	RETAIL 90-DAY	MAIL 90-DAY
<b>INITIAL COVERAGE</b> You stay in this stage until you reach the member out-of-pocket maximum of \$1,318 or your total yearly drug costs (what you and the Plan pay) reach \$2,930. During this time, you will pay the following:			
<b>Tier 1: Generic Drugs</b>	\$9	\$27	\$5
<b>Tier 2: Preferred Brand Drugs</b>	\$20	\$60	\$29
<b>Tier 3: Non-Preferred Brand Drugs</b>	\$39	\$117	\$49

#### COVERAGE GAP

If you have not met the member out-of-pocket maximum of \$1,318, **Medco Medicare Prescription Plan (PDP)** will cover generic drugs at the same co-payment as in the Initial Coverage stage. SEHBP is providing additional coverage for brand drugs. As a result, **you will generally pay the same amount for your covered brand drugs as in the Initial Coverage stage** (after manufacturer contributions are applied). You will stay in this stage until you meet the member out-of-pocket maximum or your total out-of-pocket costs (including manufacturer contributions) reach \$4,700.

#### CATASTROPHIC COVERAGE

If you have not yet satisfied your out-of-pocket maximum, but your total out-of-pocket costs—including manufacturer contributions—exceed \$4,700, your co-payments could be as low as \$2.60 for a generic drug (or a brand drug treated as a generic drug) and \$6.50 for all other drugs.



## Medco Medicare Prescription Plan® (PDP)

**Effective January 1, 2012, you'll be enrolled  
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### SEHBP NJ Direct 1525

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<b>INITIAL COVERAGE</b> You stay in this stage until you reach the member out-of-pocket maximum of \$1,318 or your total yearly drug costs (what you and the Plan pay) reach \$2,930. During this time, you will pay the following:			
<b>Tier 1: Generic Drugs</b>	\$7	\$21	\$5
<b>Tier 2: Preferred Brand Drugs</b>	\$16	\$48	\$40
<b>Tier 3: Non-Preferred Brand Drugs</b>	\$35	\$105	\$88

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### SEHBP NJ Direct 2030

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<b>INITIAL COVERAGE</b> You stay in this stage until you reach the member out-of-pocket maximum of \$1,318 or your total yearly drug costs (what you and the Plan pay) reach \$2,930. During this time, you will pay the following:			
<b>Tier 1: Generic Drugs</b>	\$3	\$9	\$5
<b>Tier 2: Preferred Brand Drugs</b>	\$18	\$54	\$36
<b>Tier 3: Non-Preferred Brand Drugs</b>	\$46	\$138	\$92

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